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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

P.O. Box 1450, Alexandria, VA 22313-1450

atent Application

Applicant(s)

Babich et al.

Docket No.:

YOR920030174US1

Serial No.:

10/634,667

Filing Date:

August 5, 2003

Group:

1752

Examiner:

A.C. Walke

Title:

Lithographic Antireflective Hardmask Compositions and Uses Thereof

TRANSMITTAL LETTER

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

application:

Submitted herewith are the following documents relating to the above-identified patent

- 1. Response to Office Action;
- 2. Petition for Extension of Time; and
- 3. Authorization to Act in a Representative Capacity

There is no additional claim fee due in connection with the Response.

In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit IBM Corporation Deposit Account No. 50-0510 as required to correct the error. A duplicate copy of this letter is enclosed.

Respectfully submitted,

Dated: November 23, 2005

Kevin M. Mason

Attorney for Applicant(s)

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 $\{03-04\}$

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Babich et al.	
Application No. 10/634,667	- William - Will
Filed: August 5, 2003	
Title: LITHOGRAPHIC ANTIREFLECTIVE HARDMA	SK COMPOSITIONS AND USES THEREOF
Attorney Decket No. YOR920030174US1	Art Unit: 1752
The practitioner named below is authorized to concerned. Furthermore, the practitioner is authorized to 37 CFR 1.34:	nduct interviews and has the authority to bind the principal rized to file correspondence in the above-identified
Name	Registration Number
Joseph B. Ryan Kevin M. Mason William E. Lewis Wayne L. Effenbogen Paul J. Otterstedt Michael J. Chang Robert W. Griffith	37,822 36,597 39,274 43,802 37,411 46,611 48,956
abandonment, a disclaimer a nower of attorney or other	document requiring the signature of the applicant,
SIGNATURE of Pr	scritioner of Record
Name Daniel P. Morris	
Signature	Date 6-22-2005
Registration 32,053	Telephone (914) 945-3217
This form offers a sample or suggested format for an authorization of a practitio	

If you need essistence in completing the form, call 1-800-PTO-9199 and select option 2.